The Bloodless Phlebotomist

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Original Articles

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By H. Edwin Lewis, M.D., of New York

PHAGEDENIC ULCER By J. Bonnefin, M.R.C.S., of Leytonstone, Eng.

Antiphlogistine

applied thick and hot, is of marked benefit in

PLEURISY

either tubercular or otherwise. An alleviation of symptoms may be expected IMMEDIATELY upon application. The pain is promptly relieved, cough becomes less distressing, the chills often disappear, while the pulse, evening temperature and general condition are usually greatly improved.

These gratifying results can be largely ascribed to the vaso-motor stimulation of Antiphlogistine, which increases the ability of the visceral vessels to absorb and remove the interstitial fluid accumulation and convey nourishment to the debilitated cells through re-established circulation.

Antiphlogistine offers ideal treatment in the prevention of recurrent attacks.

THE DENVER CHEMICAL MFG. CO.

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Antiphlogistine

IS THE BEST LOCAL APPLICATION FOR

INFLAMED BREASTS

IT makes no difference whether the mastitis follows child-birth or miscarriage, or whether it is the result of a traumatism. The pain is severe—often excruciating, and the first thought is to make the patient comfortable. In these cases nothing is quite so grateful as Antiphlogistine. It relieves the pain and softens the induration. The inflammation, if it has not reached the point of destruction of tissue, will disappear without surgical intervention. This, of course, does not preclude the evacuating of pus, if such has already formed.

DIRECTIONS:—Heat by setting the can in hot water. When as hot as can be borne comfortably, spread the Antiphlogistine over the affected breast at least one-eighth inch thick. Cover with absorbent cotton and make even and firm pressure with suitable binder (see page 5). Renew dressing in 24 hours, or when it will peel off en masse.

In INOPERABLE CANCERS, Antiphlogistine is the best palliative treatment known.

GENITO-URINARY

For orchitis, epididymitis and buboes, use Antiphlogistine hot and covered with absorbent cotton. It soothes the pain, relieves the engorgement by local depletion, and, if applied early, prevents suppuration with its inevitable sequel, sterility.

To support the testicles: If patient is up and about, use suspensory; if in bed a "T" bandage may be used with a broad triangle in front, the points of which are caught up to the waist-band to make a kind of pocket.

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The Bloodless Phlebotomist

BLEED
BUT SAVE
THE BLOOD

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"The destiny of organized nature is amelioration."

PREVENTIVE medicine was an unknown quantity up to a few years ago. The advance of science gave it birth and imbued a few progressive men with ideas. Ideas are like acorns—of no value to-day, but towering oaks of worth to-morrow. The mighty tree of preventive medicine sprang from the small acorns of thought planted by the few, demonstrating that men should hoard ideas as misers hoard gold.

THE wide and fertile medical field of the future will be prophylactic medicine. The question will be not how to cure disease, but how to prevent it. The Bloodless Phlebotomist believes that tuberculosis, diphtheria, the infectious fevers—in short, the majority of diseases—are preventable, and that the generation now growing up will live to see the time when preventive medicine will have wiped out the bulk of acute disease. This does not mean that there will be no further necessity for physicians when that medical utopia is reached; instead, the work of physicians will be changed. They will prevent disease rather than treat it.

THE BLOODLESS PHLEBOTOMIST, in its desire to assist in bringing about this state of affairs, will open its pages for the discussion of the subject. As the readers of the journal include all the English speaking physicians of the world, thoughts published in these columns should be productive of widespread good.

PNEUMONIA is now running riot throughout the winter-visited world. Physicians everywhere are putting forth their best efforts to overcome the evil effects of this disease, which is even more deadly than the Great White Plague.

"Every book is a quotation; and every house is a quotation out of forests, and mines, and stone quarries."

The physican who covers the thoracic walls—front, sides and back—of his pneumonia patients with Antiphlogistine, is the one who is actually giving his patients the very best chance of recovery.

No method of external application—be it ice, hot water, turpentine, or what not—has commenced to yield the beneficial results obtained from the proper application of Antiphlogistine.

ANTIPHLOGISTINE not only offers the best-known method of continuously applying moist heat of equable temperature for a long period, together with the advantages attendant upon its physical properties, hygroscopy, exosmosis and endosmosis, but it offers the patient exactly what he craves and what is absolutely required—REST. When Antiphlogistine is once applied it can advantageously remain in place for a long period, usually from 12 to 24 hours, all the time performing its soothing and effective services. As a result the patient does not have to be continuously disturbed for the renewal of some application, thereby being robbed of sleep, his temperature increased and his respiration rendered more labored.

IT must not be understood that Antiphlogistine's activities are confined to pneumonia. It is indicated in all inflammatory and congestive conditions in which local treatment is helpful.

At this time of year medical men find Antiphlogistine of great service in frost-bite and such seasonable diseases as bronchitis, pleurisy, spasmodic croup, tonsillitis, quinsy and "grippy" colds Such ever-present inflammatory conditions as non-suppurative appendicitis, peritonitis, the various inflammations of the female pelvic viscera, synovitis, erysipelas, chronic ulcers, orchitis, buboes, septic wounds, boils and felons, can always be safely combated by Antiphlogistine.

FROST-BITE is permanently relieved by Antiphlogistine. If the chilled part be covered with a thick dressing, the effect is almost instantaneous. The feeling of numbness is rapidly overcome, the vitality, which has been impaired by the cold, is restored, and a few applications of Antiphlogistine usually entirely relieve the difficulty.

THERE is nothing more comforting to the person suffering from the paroxysmal cough, dyspnoea and constriction of the chest, so indicative of bronchitis, as Antiphlogistine spread hot over the tracheal and bronchial tract. Its use is followed by a rapid diminution of the distressing symptoms, and convalescence is soon established.

"No power of genius has ever yet had the smallest success in explaining existence."

PLEURISY is another affection which gives way to Antiphlogistine. If the side in which the inflammation is localized is covered with Antiphlogistine, a rapid engorgement of the superficial capillaries follows. Antiphlogistine acting on the vaso-motor nerve filaments increases this effect by reflex action, while the stimulus is also transmitted to the vessels of the pleura, aiding them in the re-absorption of the fluids in the tissues and lymphoid spaces.

ANTIPHLOGISTINE is practically a specific in spasmodic croup. A dressing thick and hot should be applied over the throat between the angles of the jaws, extending well down over the upper part of the thorax. The beneficial effects are fairly magical. The child usually drops to sleep within a half hour after the application. Antiphlogistine has robbed spasmodic croup of its terrors.

IN diphtheria, scarlet fever, tonsillitis and quinsy, Antiphlogistine depletes the enlarged glands, relieves the swelling and pain, and adds very materially to the comfort and welfare of the patient.

WHEN a patient is found suffering from the effects of a hard cold, with centralized pain, a condition often designated as "the grip," a dressing of Antiphlogistine many times brings marked relief. This is especially noticeable when the pain is in the chest or the joints.

ANTIPHLOGISTINE is now in very great favor with gynecologists in the treatment of the inflammatory conditions of the female pelvic viscera. Pelvic peritonitis, metritis, endometritis, ovaritis, ovarian neuralgia and dysmenorrhea are some of the diseases in which the use of Antiphlogistine is indicated. It should be spread thick and hot over the lower part of the abdomen.

Enveloped loosely in gauze and packed around the cervix, Antiphlogistine makes a very efficient hydroscopic tampon, and many physicians, in treating some of the gynecological conditions, use it externally and as a tampon simultaneously.

TO THE GENITO-URINARY surgeon, Antiphlogistine offers many advantages. Orchitis, epididymitis, and buboes are three inflammatory diseases in which Antiphlogistine acts as a most effective curative agency. In using Antiphlogistine in the first two conditions, the physician must remember that it is absolutely necessary to support the scrotum properly.

EYE, EAR, NOSE AND THROAT specialists are availing themselves of the opportunity to employ Antiphlogistine, and reports from many physicians show excellent results. Conjunctivitis, iritis, dacryocystitis, hordeolum, otitis media, mastoiditis, pharyngitis

and laryngitis are some of the conditions in which medical men say they generally obtain beneficial action from Antiphlogistine.

"LET me impress on you the fact that every case of appendicitis is not a surgical one. The professional cutter who wants to slash every patient who has a pain in his right iliac fossa is a dangerous animal to run at large in any community. The morbid desire to cut, with no conscience to restrain, makes the doctor very unsafe, although a man of ability." These are the words of a well-known professor of abdominal surgery in a recent lecture to his students.

The profession is coming more and more to see the value and wisdom of the medical treatment of non-suppurative appendicitis, and in such cases Antiphlogistine affords the greatest possible assistance.

AFTER all, it is results that count. Clinical facts appeal to the physician like dollars to the business man. A large part of Antiphlogistine's great success is due to the fact that its use in the various inflammations has been usually beneficial. For this reason nine out of ten physicians of the country are prescribing Antiphlogistine. The physician does his own thinking. Seldom can one find a man who complacently accepts another's views as his own, without first determining the question from personal experience.

TO the great body of practitioners Antiphlogistine has proven a blessing. They realize that as the candle is to the arc light, as the stage coach is to the train *de luxe*, as the courier is to the telegram, so is the septic poultice, blister, hot stupe, ice, etc., to Antiphlogistine.

Antiphlogistine has demonstrated its ability to fulfil the express purpose for which it was designed—to effectively counteract the pathologic changes incident to every type of inflammation.

DURING the last thirteen years the demand for Antiphlogistine has grown steadily and rapidly. Each quarter the sales have been substantially larger than for the corresponding period of the preceding year. No amount of advertising could produce such results with a non-meritorious preparation. To keep pace with Antiphlogistine's phenomenal growth, we have every year been compelled to improve and increase our facilities for producing and marketing it.

Our main office and laboratory, located in New York City, require an entire building 26 x 90 feet, six stories and basement. Even this is not sufficient to answer our requirements, and we are compelled to rent outside space for storage. The capacity of our New York laboratory is upwards of 20,000 packages per day of eight hours.

"Modern science has learned to indemnify the student of man for the defects of individuals."

We maintain an office and laboratory in Montreal; an office and distributing depot in London, England; another in Sydney, Australia; one in Denver, one in Chicago and one in San Francisco.

These laboratories and offices are the result of universal recognition upon the part of the practicing physicians of Antiphlogistine's ability to do what it is intended to do—favorably modify the course of inflammation.

It will be our purpose, in the future as in the past, to keep Antiphlogistine up to its present high standard of quality and efficiency; also to present its merits to physicians only and in mediums published and circulated in their interests.

ANTIPHLOGISTINE should always be heated in the original container, and as a rule spread directly upon the skin as hot as can be borne comfortably. Place the can in a receptacle containing very hot water, and see to it that no water gets into the can. When you believe it is sufficiently hot, remove from the water, take a suitable knife and stir the contents so that the heat may be equally diffused. Finding Antiphlogistine of the right temperature by first trying it on the palm, then on the back of your hand, spread it over the affected part at least one-eighth inch thick. Always cover with a liberal supply of absorbent cotton and a suitable bandage. Remove as soon as it can be peeled off nicely, usually in from twelve to twenty-four hours

From time to time the editor of this journal is in receipt of letters from the laity asking advice concerning the various uses of Antiphlogistine. In most instances the writers say they are acting upon the suggestion of their physicians. We always decline to give this information. Although the manufacturers of Antiphlogistine are qualified medical men, we believe that, as all up-to-date practitioners are now cognizant of the indications for Antiphlogistine, they are the ones to give advice, and we respectfully ask the profession not to recommend to their patrons an appeal to this office.

A BANDAGE FOR INFLAMED BREASTS.

A simple but very effective bandage for inflamed breasts is made as follows: Take a piece of unbleached muslin, say one yard long by one-half yard wide; cut deep notches (about nine inches) for the arms and a shallow one for the neck behind; pin the front together with safety pins, drawing smooth and tight; pin the back and front together over the shoulders with some tension, so as to make even pressure on the upper part of the breast.

Applied over a dressing of Antiphlogistine, this not only retains the dressing in place, but the pressure itself aids materially in perfecting a cure.

APPENDICITIS AS AN INFECTIVE INFLAMMATION.

By Robert T. Morris, A.M., M.D.,
Professor of Surgery in the New York Post Graduate Medical School and Hospital.

Appendicitis is an infective inflammation. I isolate an infected appendix as promptly as I would a case of diphtheria, because an infected appendix will very likely infect other structures while an infected throat is likely to infect other throats.

To my mind there is but one kind of appendicitis which produces acute symptoms — infective, exudative appendicitis — caused by bacterial invasion of a structure which is peculiarly unfitted to resist the effects of such an invasion, because the lymphoid tissues cannot swell freely in the sheath of the muscularis.

The various phenomena of infective appendicitis should not be described as indicating different kinds of appendicitis, but rather as marking different stages of one kind of disease.

The principal cause for appendicitis is mixed bacterial infection from the lumen of the appendix. The formation of an infection atrium in the mucosa of the appendix by force, applied in any way, is the chief beginning point for the infection.

Acute mixed infection will cause all of the acute destructive processes which occur in the appendix, and it is unnecessary to seek for a specific microbe.

The temperature of appendicitis is not important, though it gives a clue to the character of the infection. When streptococci cause the trouble the temperature is often high, from 103 to 105 degrees, Fahr., but when the colon bacilli get control, the temperature commonly fluctuates within a range of one degree on either side of 100 degrees, Fahr.

The pulse becomes important when it indicates the degree of intoxication of the sympathetic nervous system, but oftentimes neither temperature nor pulse gives an indication of the extent of the destruction of the appendix proper.

There are no groups of symptoms which will allow us to make a rational prognosis as to the eventual outcome or the prospective complications in any progressing case of appendicitis, and we must abandon the hope of having any such classification of symptoms for a guide in the future.

It is only necessary for me to repeat what I have already said, that the infected appendix should be isolated, and isolation is accomplished by taking the appendix away from neighboring structures.

USEFUL AND SOOTHING APPLICATION.

"Antiphlogistine, by its hygroscopic and antiseptic properties, forms a very useful and soothing application. Among other things, it acts as

a remedy for the distressing irritation of chilblains, and if it does this thing only, it may be welcomed as a useful addition to our remedies."

—The Practitioner, London.

EXTENSIVE PHAGEDENIC SLOUGHING, ASSOCIATED WITH INTENSE SEPTICÆMIA.

By J. Bonnefin, M. R. C S., L. R. C. P., Lond.,
Leytonstone, England.

A. H., aged 20, with a large sloughing bubo in the right groin, was seen November 22, 1902.

The bubo was brownish in color and there was a large area of cellulitis extending nearly to the umbilicus and down to the knee. The right thigh was very much swollen, and the scrotum and the skin of the penis was oedematous. The tongue was furred, sordes had gathered about teeth and gums and the throat was sore.

I gave echinacia augustifolio, applied hot boracic fomentations with liq. opii. sed. and gave a gargle and mouth-wash of liquor hydrarg. perchlor., 1-1000, with potass. chlor. The next day the bubo had taken a phagedenic aspect, the temperature was 105 deg., and all symptoms pointed to intense septicaemia. I continued the treatment, but the sloughing became more marked, with no line of demarcation visible, and the septicaemia was more pronounced. Consultants gave no hope of recovery. There was low muttering delirium, carphologia and subsultus tendinum.

On the morning of the 27th the man was considered to be dying. The temperature was 104 deg., the throat was extensively ulcerated and the mouth one mass of sordes, which was removed with the greatest difficulty. The smell from the sloughing bubonic mass was most offensive.

I then determined to try a preparation which I had used some time before in a case of cellulitis with excellent results—Antiphlogistine. I heated a can and applied the contents as hot as the man could bear over the entire area of inflammation, both on the abdomen and thigh, and covered the dressing with absorbent cotton, oiled silk and bandages. The relief from pain was speedy and complete.

The next day, to my great delight, I found demarcation was appearing, and in two more days I was able to remove part of the slough. The mass, however, was so extensive that it took me three days to clear out the main portion and the ulcer left was 14½ inches in length. The septicaemic symptoms rapidly subsided and the recovery was uneventful.

Antiphlogistine was applied daily until the granulations had become healthy, when I grafted the ulcer. Four of the grafts took well and shortened the healing process. By the middle of February the ulcer was practically closed.

I have used Antiphlogistine in many other cases, especially for inflamed ulcers and cellulitis, and the improvement has always been marked and rapid.

THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS.

By H. Edwin Lewis, M.D., of New York City.

The *bête noir* in the treatment of pulmonary tuberculosis is delayed diagnosis. At the beginning really simple measures will arrest the great majority of cases, and all patients with incipient phthisis can be saved, while it is also evident that after the danger line is passed, failure is the rule, and practically all die.

Tuberculosis is like an unexpected fire. No one can say when it will get uncontrollable. At the slightest suspicion of the disease every possible means should be employed to check its progress and stamp it out. Early treatment means success: late treatment means failure and defeat.

To the end, then, that tuberculosis shall become in every sense a curable, or, at least, a controllable disease, the public must be taught the Importance of not neglecting certain danger signals—like cough, hemoptysis, pains in the chest, unaccountable rise in the temperature and progressive emaciation. The medical profession, also, must perfect itself in interpreting not only objective symptoms, but those subjective ones which require the highest degree of diagnostic acumen. It is true that in some incipient cases it is quite impossible to make a positive diagnosis, although there may be abundant grounds for suspicion. In such cases treatment on suspicion is urgently advisable. The great majority, however, can be positively diagnosticated in a much earlier stage than is common at present.

Probably the earliest symptom is variation in the temperature range. The presence of one degree above normal, any time during twenty-four hours, without evident cause, is one of the significant symptoms, and the diagnostic importance of this should lead the attending physician to search for it most assiduously. The exacerbation of temperature may vary in the time of its appearance in different individuals, or even in the same individual, in some instances the only time that the temperature will rise being after unusual exercise, or, in females, during the menstrual epoch. But if a tuberculous infection is present, a careful two or four hour record, from 6 A. M. to 10 P. M., covering one week's time, is quite certain to demonstrate a slight rise some time during the period with an occasional fall to subnormal.

The pulse usually gives further indication of the presence of tuberculous disease. It is as a rule increased in frequency, but decreased in force and tension. Progressive emaciation is always significant and should occasion suspicion.

Hemorrhage from the lungs, while by no means as frequent as is commonly supposed in the early stages of tuberculosis, is of very great significance. In regard to the other symptoms, such as coughs, night sweats, sudden attacks of hoarseness, unusually dilated pupils, loss of appetite and general debility, little need be said except to call attention to the fact that these are all common details of the picture.

In this connection, however, it seems important to emphasize the fact that while the presence of tubercle bacilli in the sputum establishes a diagnosis beyond question, their absence means nothing, and should not outweigh the testimony of the clinical symptoms and physical signs. To the skilled physician, repeated examinations of a suspected patient on different days with the patient in different postures, will give information of the utmost corroborative value in nearly every incipient case. The gross auscultatory signs should not be expected. The respiratory murmur, however, usually shows variation, and the inspiratory sound may be roughened or evince a little faltering in the course of its expression, which can be likened to the limp of a lame man. The expiratory sound is usually lengthened and prolonged. A few fleeting râles can often be heard at either apex, but as these are occasionally found even in health, they are of corroborative importance only. Râles which can be heard on the posterior surface of the chest at the inferior angle of the scapula are of much greater diagnostic significance, but require a much better trained ear.

Percussion rarely, in early cases, elicits anything of importance, although a slight increase in dullness at one or both apices may be sometimes noticed. Of greater value is the pain which follows deep pressure with the thumbs of the examiner in the supraclavicular space, especially if such pressure precipitates a cough. Vocal fremitus rarely shows any marked change.

In conclusion; no single symptom is pathognomonic of incipient pulmonary tuberculosis; the whole symptom complex must be determined to form a positive opinion, but often, with the most painstaking examinations, this may be deficient in seemingly essential details. In such cases it is infinitely better to use appropriate treatment, and thus eliminate a doubtful diagnosis, than to wait to establish one beyond controversy, but at the cost of a human life.

LOBAR PNEUMONIA.

At the regular quarterly meeting of the Bi-County Medical Society held at Paxton, Ill., March 7, 1905, Dr. Robert Lumley, of Watseka, read an instructive paper on Lobar Pneumonia. Of the treatment, Dr. Lumley said:

"Two questions confront us. 1st—Is pneumonia amenable to treatment? 2d—Can it be aborted? My answer to both of the foregoing questions is—Yes. I have seen an incipient pneumonia jugulated, apparently by injecting a liberal dose of diphtheric antitoxin. How was it done? I don't know, but I believe the pneumonitis was diphtheritic, caused by the Klebs-Loeffler bacillus, and was terminated in the lung, just as would have been the case if the disease had been in the throat.

"When called to treat a case of pneumonia, if in the first stage, before extensive exudation has occurred, I at once cover the patient's chest, back and sides from neck to navel, with warm Antiphlogistine,

about one-eighth inch thick. I cover this with a thick jacket of absorbent cotton held in place by a wide bandage. Sometimes I also place a light hot-water bag, outside the bandage, over the affected lung. To control cough and relieve pain, I immediately give from ½ grain to 1 grain of codeine with a tablet which contains acetanilid, 2 grains, camphor monobromate and caffeine citrate, of each ½ grain. The latter I order repeated every three or four hours. I also give a tablet containing calomel and soda bi-carb., of each ½ grain, every hour until 5 grains have been administered. This last dose is followed by the contents of a 12-ounce bottle of sol. of magnesium citrate. Twenty-four hours later I usually find that what I had fully believed to be a case of incipient lobar pneumonia has been aborted. If, however, consolidation has already occurred, nothing of which I know will prevent the disease from following its customary course."

ACUTE PNEUMONIA AND ITS MODERN TREATMENT.

Under the above title, Dr. Louis G. Le Beuf, president of the New Orleans Medical Association and a member of the medical faculty of Tulane University, read a paper at the last meeting of the Louisiana State Medical Society.

In order to make a comprehensive study of pneumonia Dr. Le Beuf sent circulars to numerous of his medical friends asking them to record their cases of pneumonia, with maximum of temperature, location of disease, method of termination, result of bacteriological examination and synopsis of treatment.

There were 170 cases in private city and country practice reported, of which 138 recovered, making the mortality percentage 18.81. Under ten years of age the mortality was 10.4 per cent.; between ten and sixty years, 18.4 per cent.; over sixty years, 30.6 per cent.; no record of age, six cases. Six of the cases were of double pneumonia with two deaths, and seven had influenza as a complication with three deaths.

Dr. Le Beuf, in speaking of his method of treatment, says: "In the young I either use a flaxseed poultice with oiled silk jacket or, after reddening the skin thoroughly with either mustard or turpentine, I envelop my little patient in a warm thick coating of Antiphlogistine, covered over with cotton packing. In spite of adverse criticisms this is a good practice. It certainly has never done the patient any harm, and the patients unanimously claim the greatest comfort and ease from its use."

Antiphlogistine was used in a great many of the cases reported with most gratifying results. A synopsis of the treatment shows that calomel was employed in every case, strychnine in 140 cases, quinine in 120 cases, digitalis and ammon. chlor. or carb. each in over 100 cases. The ice bag to the affected lung was used in but two instances.

A study of these cases leads Dr. Le Beuf to the conclusion that pneumonia is an infectious disease and should be so treated from a sanitary standpoint, As to treatment, beside Antiphlogistine and a plentiful diet, he suggests perfect rest, the placing of the heart "in a sling" by such drugs as are indicated from time to time; control of hyperpyrexia by ice bags to the head, cool high enemas, lukewarm sponging or quinine; the control of pain and the prevention of complications by the "elimination of the toxin poisoning" by the way of the skin, bowels and kidneys. Throughout the disease he uses small triturates of calomel, followed by sodium sulphate.

AROUND THE TABLE.

"He gains wisdom in a happy way who gains it by another's experience," said Plautus. Believing this to be true, the editor of the Medical Standard has inaugurated a department known as "Around the Table," in which physicians are privileged to discuss their treatment of stated diseases. The issue of March, 1905, contained a symposium on pneumonia, and a number of well-known medical men of the middle west expressed themselves on the disease and its treatment. We quote here with a few extracts:

Dr. George F. Jenkins, President and Professor of the Principles and Practise of Medicine, Keokuk College of Physicians and Surgeons, Keokuk, Iowa: "Taking cold is the chief predisposing cause in a large percentage of my cases. In sthenic cases with high fever I use ice-bags and cold compresses; sometimes Antiphlogistine and cotton jacket."

Dr. T. C. Harter, Bloomburg, Pa.: "Ninety per cent. of my cases take cold. I have of late stopped giving opium and use the coal-tar preparations, warm applications and Antiphlogistine for the pain."

Dr. T. H. Lindley, Cedar Rapids, Ia.: "In apparently all of my cases, taking cold is a factor. I use a liniment, with the galvanic current, blister and Antiphlogistine."

Dr. J. F. Roemer, Waukegan, Ill.: "If something must go on the chest I allow Antiphlogistine. * * * Nearly all of my cases come of taking cold."

Dr. F. O. Drenning, Duluth, Minn.: "I find codeine sulph. a convenient and useful form of opium in the control of pain, combined with local applications of Antiphlogistine. * * * The most fatal outcome in my experience is during the congestive stage, from lack of oxidation."

Dr. F. M. Dailey, Beloit, Kan.: "In my experience cold baths, at least with children, are not good. * * * I give a little morphine in cases of extreme pain, but my favorite treatment is mustard sprinkled on Antiphlogistine plaster, and over it a light hot-water bag."

Some practitioners have their own methods of applying Antiphlogistine, but we believe they will have better and more uniform results if they cover the patient's thoracic walls — front, sides and back — with Antiphlogistine and a cotton-lined cheese cloth jacket, according to directions given elsewhere in this number, as soon as they make a diagnosis of pneumonia.

PNEUMONIA FROM AN EXPERT STANDPOINT.

The Pneumonia Commission of Experts, appointed a year ago by the New York Board of Health, has made a preliminary report. The following is an abstract of its findings:

1. Pneumonia is due to micro-organisms.
2. Pneumococci are present quite generally in mouths of healthy subjects.
3. Infection occurs from outside by direct contact or as auto-infection from patient's own mouth when natural resisting powers are lowered.
4. The micro-organism lives in dry saliva; so may be inhaled as dust.
5. In dried saliva the micro-organism is killed by direct sunlight or diffuse daylight.

METHOD OF APPLICATION IN DOUBLE PNEUMONIA.

When the diagnosis has been made, order a large (34½-ounce) can of Antiphlogistine, a pound roll (*not* two ½-pound rolls) of absorbent cotton and a yard of cheese-cloth. While the Antiphlogistine is being heated in the can in the usual way, spread the cheese-cloth on a table, and over it place a layer of cotton of equal length from the pound roll. Make a place for the arms by cutting straight down through the cotton and cheese-cloth three or four inches. Fold the jacket and place in the oven.

When the temperature of the room is about 80 degrees, and the Antiphlogistine is sufficiently warm (which should be determined, after stirring the contents of the can thoroughly, by applying some to the palm, then to the back of the hand), lay the patient on his side and spread Antiphlogistine over one half the thoracic walls — front, side and back. Cover immediately with the cotton-lined cheese-cloth jacket. Roll the patient over on the dressed side and complete the application. Stitch the cloth in the front and over the shoulders in such a manner as to make a snugly fitting jacket with cotton protruding around the neck, arms and waist, to insure cleanliness. The entire contents of the can should be used for the one application and the dressing should be renewed when it can be easily peeled off, generally in about twenty-four hours.

The important work of applying Antiphlogistine in pneumonia should not be delegated to some one who has never seen the thing done. You

had far better apply it yourself, at least the first time. If you do so, and follow these directions to the letter, you will have a perfect right to judge of Antiphlogistine's ability to favorably modify the course of the disease.

NOTES FROM THE MEDICAL PRESS.

THEORY OF THERAPEUTIC ACTION IS SOUND.

"As a preparation for use externally in inflammatory conditions, it has the advantage of being at the same time an antiseptic, a non-conductor of heat and a vaso-motor stimulant.

"It is, in fact, a considerable advance on the ordinary poultice, its composition being based upon a better knowledge of the condition and requirements of swollen and sensitive tissues. It further possesses physical advantages over old methods, and the theory of its therapeutic action is sound." —The Lancet, London.

ENCOURAGING RESULTS NOTED.

"We have obtained very encouraging results from the use of this preparation (Antiphlogistine) and have felt justified in recommending it in private consulting practice." —Glasgow Medical Journal.

VALUABLE IN ALLAYING PAIN.

"In practice we have found Antiphlogistine of much value in many cases, and especially in those conditions in which the application of warmth and moisture is indicated. It keeps the affected part moist and clean, and, in our experience, has invariably proved to be most soothing and valuable in allaying pain and local inflammatory conditions."
—Medical Times and Hospital Gazette, London.

POWERFULLY HYGROSCOPIC.

"It will probably be long before the time-honoured linseed poultice for local inflammations is abandoned. The fact that it so often relieves pain is quite enough to overcome the other undoubted fact that it provides a splendid growing ground for bacteria, and, in spite of all theory, the results are often fairly good. Nevertheless, theory and practice alike demand something better, and from an extended trial, both in hospital and private practice, of Antiphlogistine, we can most heartily recommend it for all cases where poultices have hitherto been used. It will be found to be powerfully hygroscopic, and the drawing power which the lay mind attributes to the linseed poultice is certainly present to a high degree, as shown by the profuse serous transudation which occurs under that part of it where congestion was most marked."
—Medical Guild Quarterly, England.

ANTIPHLOGISTINE HAS DISTINCT USES.

"We found that when applied to a swollen knee-joint or to an oedematous limb, Antiphlogistine formed a firm but flexible support, and that its qualities in this respect were excellent. On removing the dressing after twenty-four hours we found, in the case of oedema of the limb (gouty), decided diminution of swelling, and the bandages round the dressing were very moist. We found practically no increase of weight in the material itself, showing that it again exudes the fluid it has taken up. This is distinctly an advantage, as the dressing peels off perfectly clean, instead of being a deliquescent mass, which would otherwise be the case. We consider that such a material has distinct uses in medical and surgical practice." —Medical Annual, England.

A DECIDEDLY USEFUL ABSORBENT.

"The annual exhibit of the Medical and Hygienic Exhibitors' Association was held last week in Queen's Hall, London. One of the few exhibits we do not remember to have seen previously was that of the Denver Chemical Mfg. Co.—Antiphlogistine—a decidedly useful antiseptic absorbent which, as recently explained in these columns, exerts peculiarly anodyne effects tending to promote the subsidence of local inflammation, with relief of pain and swelling, and with a minimum of trouble in application." —Medical Press, London and Dublin.

SOOTHING, HEALING, ANTISEPTIC.

"We have already pointed out the advantages of Antiphlogistine, which is in reality a scientific cataplasm inducing circulation of the blood in the affected or diseased part. It is healing and soothing whilst antiseptic. Antiphlogistine has yielded good results in inflammatory conditions." —British Medical Journal.

EXIT THE POULTICE.

"In a recent notification by the Surgeon-General of the United States Army, it is asserted that all the good results from poultices can be obtained in a more cleanly way by the use of wet hot compresses. Hence the order to the army surgeons to drop linseed and linseed meal from army medical requisitions." —Virginia Medical Semi-Monthly.

"The above news item is of interest as an indication that the conservative medical department of the United States Army has passed the ban upon the poultice. This is very significant and will undoubtedly have much weight with the medical profession in general. Modern clinicians seem equally disposed to find a substitute for the wet hot compress. The substitute usually employed is Antiphlogistine. It can readily be seen that in a considerable number of cases the use of the

wet hot compress, which must necessarily be changed two or three times hourly, must be a source of discomfort to the patient and naturally a great disadvantage."

—Monthly Cyclopedia of Practical Medicine.

NOTHING EQUALS ANTIPHLOGISTINE.

"For external applications in (pneumonia) cold water and hot poultices and hot water have had their advocates, but none of these things equal Antiphlogistine. Spread over the whole area involved in the disease (the thoracic cavity)—in front, on the sides and back—it will promote resolution, and give comfort to the patient."

—Medical Era.

IT DECREASES FATALITY.

"The pneumonia season is rapidly approaching. Soon the various journals will be full of the statistics of past years in regard to the prevalence and fatality of this disease. The pathology and etiology will be thoroughly gone over, but, judging by the past, most writers will have very little that is encouraging to say as regards treatment.

"Several points, nevertheless, must be kept in mind. Whatever drugs are used internally (and this depends very much upon the individual case), the patient must have plenty of fresh air. Do not be afraid of his taking cold on account of the cold air blowing across his face. It is now considered that this is impossible. Also, whatever drugs may be used, keep the body warm with suitable clothing, and use externally some preparation which will cause a comparative lessening of blood-pressure in the lungs. Cold applications, beside lowering the vitality of the patient, cause a depletion of the superficial vessels and consequently increase the hyperemia in the lungs themselves. Our attention then would be drawn, per contra, to hot applications. To the most of these there are very great practical objections, such as their inconvenience, their tendency to grow cold very rapidly, and the fact that they must frequently be renewed, thereby disturbing the patient's rest to his manifest detriment.

"We have found but one form of hot application which seems to us to entirely fill the bill, and that is Antiphlogistine. By its means the vitality of the body is conserved, the blood is attracted to the surface and away from the lungs (its hygroscopic action remarkably enhancing this effect), and the tone of the heart's action is maintained. Besides this, its frequent renewal is not necessary, and the patient's rest is not thereby disturbed. Practically we know that by its use the patient is made much more comfortable, the fatality is much decreased, and if abortion of the disease is possible, we believe it can be accomplished better by this means than by any other."

—Kansas City Medical Record.

"The intelligent have a right over the ignorant—the right of instructing them."

SOME OF MY EXPERIENCES WITH ANTIPHLOGISTINE.

By W. J. Pennington, M. D.,
Medical Inspector of the Department of Health,
Brooklyn, N. Y.

I am of the opinion that there yet remain undiscovered very many uses to which Antiphlogistine can be put. So far as my personal experience is concerned, I find its field is almost without limit. The longer I use it the more indispensable it becomes. My experience has clearly demonstrated the fact that Antiphlogistine must be applied thick and as hot as can comfortably be borne in order to get the best results. A few clinical reports may be of interest:

1. W. P.—Infection of ulcerated bunion on right foot. The foot became badly swollen and the infection spread. As soon as my attention was called to it, I cleansed the seat of infection antiseptically and put on a thick application of Antiphlogistine, which was renewed daily. In a week the patient was attending to his business.

2. C. L.—Acute synovitis with effusion of left knee; swelling most marked between the ligaments; temperature of 101.2 degrees. I placed Antiphlogistine around the entire joint and covered it with cotton and a bandage. A new application was made daily for five days. By that time the effusion had disappeared. The man made a fine recovery.

3. Mrs. L. S.—Suffering with intercostal neuralgia of left side. The paroxysms of pain were severe. A liberal amount of Antiphlogistine was applied to the affected area and the pain was controlled. Three applications of Antiphlogistine, put on daily, were sufficient to entirely relieve the patient.

4. D. P.—Inflammatory condition of the petrous portion of the right ear. Two applications of Antiphlogistine sufficed to permanently relieve the condition.

In previous cases of this sort I had used leeches with indifferent success.

5. A. P., electrician.—Infected wound in palm of hand from tear on a nail, with much inflammation. The wound was cleansed with an antiseptic solution and Antiphlogistine applied over the palm or surface of the hand and wrist. Three dressings had the desired effect.

6. C. S.—Traumatic orchitis with left testicle enormously swollen and very painful. I first covered the scrotum with Antiphlogistine and then gave it the needed support. The distressing symptoms were at once relieved. A new application was made daily for six days and the result was highly satisfactory, both to the patient and myself.

7. J. B., a boy.—Was struck by a piece of exploding toy cannon last Fourth of July and the inner aspect of the left thigh was very badly lacerated. As I was unable to bring the edges of the wound into apposition with stitches, I covered the area with Antiphlogistine, expecting to

skin-graft later, but the action of the Antiphlogistine was so beneficial that the wound granulated nicely. Antiphlogistine was used daily for over two weeks.

8. Mrs. H. B., 70 years old.—Had been suffering with a varicose ulcer of the leg for many years. The lower leg from ankle to knee was infiltrated. After cleansing the ulcer antiseptically, I covered the entire leg, from the ankle to and including the calf, with Antiphlogistine, applied very thick, and over this was placed absorbent cotton. The dressing was then supported by a roller bandage, firmly applied, from the toes up. Every thirty-six hours a fresh application was made. Granulation commenced in a short time after the inauguration of the treatment and in six weeks the ulcer had entirely healed. I saw the case two years after and there had been no sign of recurrence, the patient having of course worn a suitable elastic stocking during the intervening time.

ANTIPHLOGISTINE FOR PLEURITIC PAIN.

Dr. Richard Van Santvoord, visiting physician to the Harlem Hospital, New York City, read a paper on "The Treatment of Acute Lobar Pneumonia" at a meeting of the Harlem Medical Association January 4, 1905, and the New York State Journal of Medicine reproduced the paper in its entirety.

In discussing the pleuritic pain, which is usually the first symptom in the majority of cases, Dr. Van Santvoord said: "This should be combated, if possible, by local applications of ice-bags or poultices, the latter preferably with associated counter-irritation. In some cases in which I was induced by circumstances against what I considered my better judgment to use the proprietary remedy known as Antiphlogistine, I was reluctantly obliged to concede that it seemed to increase materially the comfort of the patient. It at least has the great negative merit of being applied only once every twenty-four hours."

ITS ACTION IS MARVELOUS.

"I have used enormous quantities of Antiphlogistine in my sanitarium for consumptives for many years past. Its action in pleurisy and the pains common in tubercular patients is marvelous, as it gives relief and acts as a splint to the painful parts.

"I have found it the only remedy for the distressing conditions of the chest in tubercular patients."—J. R. Briggs, M. D., Proprietor and Resident Physician, Briggs Sanitarium, Dallas, Texas.

TREATMENT OF BRONCHO-PNEUMONIA.

Dr. Louis C. Rouglin, of Atlanta, published in the Atlanta Journal Record of Medicine for April, 1905, an article on "Broncho-Pneumonia in Children." In outlining his treatment, the doctor said: "When pain

is present in the chest, an application of Antiphlogistine, applied warm and thick, will relieve it."

Dr. Rouglin's treatment is to be commended. He would, however, have even better results if he were to make his application of Antiphlogistine when first called to the case, disregarding the element of pain. By its ability to stimulate the reflexes, Antiphlogistine draws the engorged blood away from the lungs and flushes the capillaries. There follows a relaxation of the muscular and nervous systems and the patient soon falls asleep. Antiphlogistine assists nature in the elimination of toxins, thereby hastening resolution.

MUSINGS OF THE CYNIC.

Take care of your enemies, and your friends will take care of themselves.

Don't court trouble unless you want to marry it.

Be sure you are right, and then take another look.

Many a man who is his own master would like to be working for some other fellow.

The man with winning ways is an agreeable companion until you get into a poker game with him.

It's a wise chicken that knows its own incubator.

The bone of contention is generally picked pretty clean.

On the sea of matrimony the steerage is always overcrowded.

The chief end of man is to make both ends meet.

Many a man who owns an automobile ought to be pushing a wheelbarrow.

A married man is seldom older than he looks.

A sugar-coated compliment is often hard to swallow.

A faint heart sometimes wins a lady where a braggart fails.

Somehow or other a high hat always seems to accentuate a low forehead.

Don't measure a man's sincerity by the vigor of his handshake.

"Nature avenges herself speedily on the hard pedantry that would chain her waves."

Prejudice squints when it looks and lies when it talks.

He who toils with pain will eat with pleasure.

Money is an article which may be used as a universal passport to everywhere except heaven, and as a universal provider of everything except happiness.

WISE AND OTHERWISE.

At a meeting of physicians one speaker said: "The rage for parceling out the human frame into special territories is passing all bounds. We have specialists for the nose, the throat, the ear, the lungs, the heart, the genito-urinary organs, the rectum, the mouth, the brain, etc. It seems to me, gentlemen, that it will not be long ere the specialists, like Alexander, will have to sigh for new regions to overcome. So far as I can see, the umbilicus is about the only portion of the human body not allotted to a specialist."

Whereupon a veteran practitioner exclaimed: "Doctor, you're forgetting the naval surgeons."

Christian Science Mamma: "He must imagine he has the colic."

Christian Science Papa: "I wish he'd imagine I'm walking the floor with him."

"I am almost worn out," the physician said. "My business is growing amazingly. I have had a number, quite a number, of grave cases lately."

"Yes," said the lawyer, "so Jones, the undertaker, was telling me."

It is related of Darwin that when pursuing his early studies relative to effects on animal species produced by long continued mutilation of some special kind he wrote to Huxley, asking his opinion, and suggested, for example, if anything could be deduced from an examination into the peculiar racial custom of circumcision. By the next mail Huxley replied: "There is a divinity which shapes our ends rough hew them how we will."

A PRODUCT OF MORTAL MIND.

The husband of a Christian Scientist teacher, lately married, who did not believe in physicians or illness, called upon a physician one cold, stormy night in January. He was in a great hurry.

"What is the matter?" asked the doctor, sticking his head out of the door.

"Oh," said the man in an anxious tone, "my wife is very sick and wants you to come at once."

"She sick?" answered the doctor, in surprise; "why, man, she has turned half this town into the belief that there is no such thing as pain."

"But it's different now," replied the man. "We're — that is, you

know — well, she's going, or rather, she expected — we've been calculating for some time to have a — a — bab — yes, a chil — a boy or a girl. It's — it will, or would be our first, and we thought you better be around."

"Well, my dear man," said the doctor, "tell your wife that I am sorry she has so far forgotton her calling as to give in to the sin of a fancied pain or two. These twinges that come with such clock-like regularity are nothing but the timed temptations of Satan. Tell her there is no such thing as pain; that she isn't going to have a baby; that she isn't a woman, but the ghost of Euripides; that she isn't even married. Tell her that I am not a doctor, and never was, and that this is one of the loveliest nights in June. Good-night, sir."

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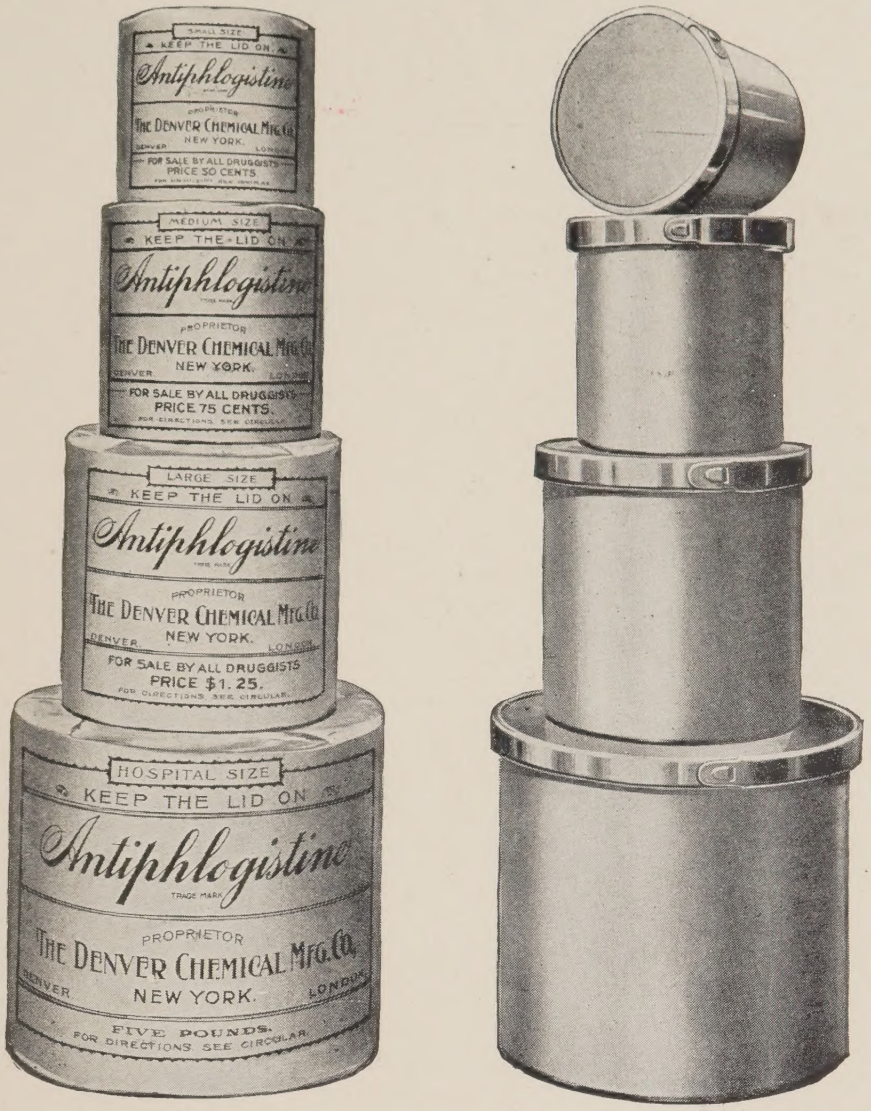

SIZES AND PRICES:—

	United States and Canada	United Kingdom	Australasia
Small (net 10½ oz.)	$ .50	2/3	2/6
Medium (net 17½ oz.)	.75	3/6	3/6
Large (net 34½ oz.)	1.25	6/	6/
Hospital Size (net 5 lbs.)	2.50	10/	12/

Antiphlogistine should not be needlessly exposed to the air, for it rapidly absorbs moisture therefrom, which reduces its strength. It is therefore marketed in four sizes only—never in bulk. The containers of Antiphlogistine are something of which we are justly proud. They were designed and are made especially for Antiphlogistine, seamless and sealed and perfectly plain, all of which results in an ethical package, enabling Antiphlogistine to reach the consumer in perfect condition. Physicians should make note of this, and aim to preserve Antiphlogistine at its best till it reaches the patient, by prescribing the size required each time.

THE DENVER CHEMICAL MFG. CO.

NEW YORK

Antiphlogistine

FOR

Pneumonia

PNEUMONIA—I. APPLYING ANTIPHLOGISTINE TO THE THORACIC WALLS, FRONT, BACK AND SIDES. (PATIENT OF COURSE RECUMBENT.)

The physician should note carefully the following directions:

Always heat Antiphlogistine in the original container by placing in hot water. Needless exposure to the air or water impairs its usefulness.

Prepare the patient in a warm room. Lay him on his side and spread Antiphlogistine thick and hot as can be borne comfortably over one-half the thoracic walls. Cover immediately with a cotton-lined cheesecloth jacket, previously made and warmed. Roll patient over on dressed side and complete the application.

Dressings should be made as rapidly as possible.

The superficial capillaries are at once dilated through the heat, moisture and hygroscopy imparted by and inherent in Antiphlogistine. Simultaneously, the deep-seated vessels contract. As a vasomotor stimulant, Antiphlogistine increases the effects thus produced and the patient is bled into his own superficial tissues.

Pain consequently disappears, the temperature declines, the pulse improves, dyspnoea is lessened, and the overworked and engorged heart is relieved. The patient experiences a feeling of well-being, and is soon sleeping a restful, natural, recuperative sleep, which often marks the beginning of the end of the disease.

PNEUMONIA—II. DRESSING COMPLETED. (PATIENT RECUMBENT.)

PNEUMONIA—III. WHEN THE DRESSING WILL PEEL OFF EASILY, AS SHOWN IN CUT, IT SHOULD BE RENEWED. TIME VARIES FROM 12 TO 36 HOURS.

THE DENVER CHEMICAL MFG. CO.,

NEW YORK, U. S. A.